Surgical Sponges and Surgical Counts

SSG TIMMONS
Operating Room Branch

Surgical Sponges - Types:

- Radiopaque sponges
  - Detectable (show up) on an x-ray
  - Used inside the body
  - Are not used as dressing sponges

Surgical Sponges - Types:

- Non-radiopaque sponges.
  - Are not detectable on an x-ray
  - Used outside the body or where it is unlikely that they will be lost (ie. in the eyes)

Surgical Sponges

- 4 X 8 / 4 X 8 radiopaque / x-ray
  - Used to absorb blood and body fluids (to sponge) in small wounds
  - Not normally used in the peritoneal cavity - replace with lap sponges in peritoneum
  - Counted by tens

Surgical Sponges

- Laparotomy sponges / lap tapes / laps
  - Uses:
    - absorption of blood and body fluids in large wounds
    - to keep viscera moist and out of the way (packing)
    - for padding under retractors
  - Counted by fives

Surgical Sponges

- Stick sponges
  - Always used on sponge forceps
  - Uses:
    - »blunt dissection
    - »to blot or retract deep tissues
  - Counted by five or ten according to local SOP
  - May be made by folding a 4X8 sponge and grasping it with a sponge forceps.

Surgical Sponges

- Kitners / kitner dissectors / peanut / pusher
  - Always clamped in some type of forcep for use
  - Use - blunt dissection or blotting
  - Counted by fives

Surgical Sponges

- Cottonoids / patties / neuro pledgets
  - Come in a variety of sizes, usually with a string attached.
  - Used to blot and to protect delicate tissues, especially in neurosurgery (brain and spinal cord)
  - Counted by tens

Surgical Sponges

- Tonsil sponges
  - Three sizes (small, medium, or large)
  - Used on a forcep for tonsillectomy procedures
  - Counted by fives

Surgical Sponges

- Weck cells / Weck spears
  - Used to absorb blood and fluids during ophthalmic procedures
  - Usually not counted

Surgical Sponges

- Dressing sponges
  - Used to:
    - » cover and protect wounds
    - » absorb drainage
    - » provide pressure
  - Are not counted
  - Examples:
    - »Plain sponges / 4X8 Plains / dressings
    - »Fluffed cotton gauze / fluffs

Surgical Counts

- Surgical counts - done to account for all items used during a surgical procedure so that none are left in the patient.

Items to be Counted

- Surgical / Radiopaque sponges
- Sharps - includes:
  - Suture needles
  - Knife blades
  - Hypodermic needles
  - Electrosurgical tips
  - Safety pins

Items to be Counted

- Instruments

Items to be Counted

- Miscellaneous items
  - Umbilical tapes
  - Vessel loops
  - Bovie scratch pads
  - Penrose drains
  - Other items as per hospital SOP. Anything that can potentially be left in the patient

Count Policies

- Counts may be deleted for some types of procedures, like cystoscopies or eye procedures.
- Instrument counts may not be required for procedures that do not enter a body cavity.
- Counts may be deleted in emergency situations due to lack of time.

Surgical Counts

- Initial surgical count - done during set-up; prior to start of case
- Interim surgical count - done when closing a hollow organ (a cavity within a cavity). Not required for all procedures.

Surgical Counts

- First closing count - done when beginning to close the first layer of tissue (ie. peritoneum)
- Final closing count - done when beginning to close the final layer of tissue (usually the skin)

Surgical Counts

- Change-over counts - performed for permanent change of staff, ie. at change of shift
- Other counts - done when desired or requested to verify numbers; formal or informal

General Count Procedures

- Registered nurse (RN) must be in the room.
- Both scrub and circulator count out loud.

General Count Procedures

- Order of closing counts:
  - Surgical site / field
  - Mayo tray
  - Back table
  - Discarded items

Count Guidelines

- The count will be agreed upon by the scrub and the circulator; if there is any question, the count is repeated.
- Circulator must record counts immediately and place their initials by the numbers.

Initial Count Procedure

- Count sponges
  - Separate and count by type and size.
  - Count as they are packaged:
    - laps, kitners, stick sponges, tonsil sponges by fives .
    - 4X8s, cottonoids by tens.
  - Unfold sponges so that radiopaque markers are visible.

Initial Count Procedure

- Count packaged suture based on numbers written on packages (scrubs should verify the numbers as they open the packs for use).
- Count miscellaneous items

Initial Count Procedure

- Count instruments;
- Count all instruments before removing any from the back table
  - Count each piece of multi-piece items, such as wing nuts on Balfour retractors, detachable blades of retractors, etc.

Interim Closing Count

- Count:
  - Sponges
  - Sharps
  - Miscellaneous items

First Closing Count

- Count:
  - Sponges
  - Sharps
  - Miscellaneous items
  - Instruments

Final Closing Count

- Count:
  - Sponges
  - Sharps
  - Miscellaneous items

Closing Counts

- As each count is completed, inform surgeon of the count status - correct or incorrect.

Count Cues

- “OK - let’s start to close.”
- During a C-section, begin count when you hand the surgeon the first stitch
- “Let’s close and get out of here”.
- When the surgeon starts handing you back the big retractors and pulling packed sponges out of the abdomen.
- When surgeon says - “Get a count, we’re starting to close”.

Steps to take for an Incorrect Count

- Notify surgeon of what is missing.
- Repeat the count.
- If still incorrect:

Searching for Lost Items

- Scrub searches sterile areas: mayo, back table, etc.
- Circulator searches unsterile areas:
  - Floor around and under OR table.
  - In trash and linen, with special attention to folds in trash can liners.
  - Entire room as required.
- Surgeon searches wound and area around them.

Steps to take for an Incorrect Count

- If the item is not found, notify the Head Nurse.
- An x-ray will probably be taken before the patient leaves the OR.
- If item is seen on x-ray, wound will be opened as required to remove the item
- If not seen on x-ray, the case will conclude as normal.

Prevention of Incorrect Counts

- Don’t remove counted items from the OR - keep trash and linen in the room until the case is completed.
- If a package contains an incorrect number of items, remove it from the field, bag it, mark it , and keep it separate.

Prevention of Incorrect Counts

- Pass needles on an exchange basis as much as possible
- Don’t lay sponges on top of needles or sharps
- All parts of broken sharps or instruments must be accounted for
- Keep all empty suture packs on the field

Prevention of Incorrect Counts

- Record counts immediately - don’t rely on your memory.
- Use towels, not counted sponges, to wipe powder from gloves.
- Pass specimens to the Pathologist on a towel and not on a counted sponge.
- Don’t mix types of sponges in a basin.

Consequences of Leaving a Sponge in a Wound

- Legal - hospital / government could be sued.
- Patients would need additional anesthesia and surgery to remove sponge (listed as a retained foreign body).
- Greatly increases risk of infection and other complications.

SUMMARY

- A. Review of main points
- 1. Surgical sponges
  2. Items to be counted for procedures
  3. Surgical counts
  4. General surgical counts guidelines
  5. Initial Closing counts
  6. Interim, first, and final closing counts
  7. Steps to take for an incorrect surgical count
  8 Ways to help prevent incorrect counts
  9. Consequences of leaving a sponge in a wound